

ELECTRONIC DEPOSIT AUTHORIZATION FOR PROVIDER PAYMENT

Use of form: Completion of this form is voluntary; however, the information requested must be provided if you want to authorize the Division to deposit checks for foster care or kinship care electronically into your checking or savings account. Your Social Security Number will be used for accurate identification purposes only.

Instructions: Sign and date the completed form. Enter your nine digit bank transit routing number and account number where indicated in Section II. (See page 2 for an example.) Attach a voided check or a deposit slip from your checkbook if it has both the bank routing number and the account number. Send the completed form to the appropriate agency listed on page 2.

☐ New Request ☐ Bank / Account Change Request

I PROVIDER INFORMATION		
Name – Parent 1 (Last, First, MI)		Social Security Number
Name – Parent 2 (Last, First, MI)		Social Security Number
Address (Street, City, State, Zip Code)		Telephone Number – Home
II BANK ACCOUNT INFORMATION		
Name – Financial Institution		Address – Financial Institution
Routing Number (ABA Transit Number)		Depositor Account Number
Name – Account Holder (Print or Type)		Name – Person Completing Form (if other than account holder)
SIGNATURE – Account Holder		Date Signed
III AUTHORIZATION		

I authorize the State of Wisconsin to electronically deposit funds I am entitled to receive to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the State of Wisconsin to initiate a correcting (debit) entry to the same account to correct problems or errors. The State is also authorized to verify data directly with the depositing financial institution.

This authority is to remain in full force and effect until the State has received written notification from me to change the designated depository in such time and in such manner as to afford the State and the depository a reasonable opportunity to act. I understand that the authorization may be rejected or discontinued by the State of Wisconsin at any time.

If any of the above information changes, I will promptly complete a new authorization agreement. If I change financial institutions, I understand that for two (2) check periods I will receive a check at my home address, or until the State and financial institution have a reasonable opportunity to act on the new authorization.

SEE SAMPLE DEPOSIT SLIP AND INSTRUCTIONS ON REVERSE SIDE

SIGNATURE – Parent 1	Date Signed
SIGNATURE – Parent 2	Date Signed

SAMPLE DEPOSIT SLIP

DEPOSIT TICKET

Mr. or Mrs. State Provider
4321 State Capitol Drive
Badger Prairie, WI 53682

DATE _____ 20 _____
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

CASH	CURRENCY		
	COIN		
LIST CHECKS ONLY			
TOTAL FROM OTHER SIDE			
TOTAL			
LESS CASH RECEIVED			
NET DEPOSIT			

79-11120 4
759

USE OTHER SIDE FOR
ADDITIONAL LISTING

BE SURE EACH ITEM IS
PROPERLY ENDORSED



Distribution:

Milwaukee

Kinship Care
Perez-Peña, Ltd.
126 S. 2nd St.
Milwaukee, WI 53204

Foster Care
LSS First Choice for Children
647 W. Virginia St., Suite 300
Milwaukee, WI 53204